

## Foster Family Home - Corrective Action Report

Provider ID: 1-586232

Home Name: Lucrecia Agtarap, CNA

Review ID: 1-586232-5

94-1286 Huakai Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 5/29/2019

### Foster Family Home

### Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 5/29/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/29/19.

6.(d)(1) - see applicable sections of the review

### Foster Family Home

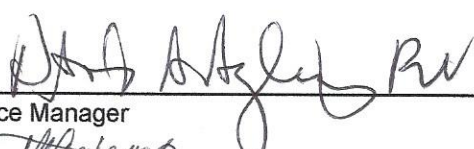
### Personnel and Staffing

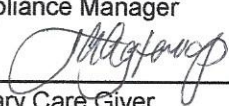
[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current First Aid certification for CG #3. Expired on 7/10/18.

  
Compliance Manager

  
Primary Care Giver


5/29/19  
Date

\_\_\_\_\_  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: LUCRESIA A AGTARAP  
CCFFH Address: 941286 Huahua St. Wapahua HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	I received a current 5/29/2019 First Aid certificate from CCF #3 and placed in my CCFFH binder.		I placed the expiration dates for CPR and First Aid certification for all CCFs on my phone calendar. I set the reminder for 1 month prior to expiration.

Primary Caregiver's Signature: 

Print Name: LUCRESIA A. AGTARAP Date of Signature: 5/29/2019